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## APPLICATION FOR BLIND TAX EXEMPTION

Name(s) of Applicant(s)  Location of Property:  Telephone Number  MAP # LOT # UNIT #	TO: Board of Se	lectmen/Assesso	or, Town of Exeter	
Telephone Number  MAP # LOT # UNIT #  Please include a copy of your blind certification papers from:  The State of NH Department of Education  Signature(s) of Applicant(s)  Mailing Address:  Disposition of Application (for Selectmen/Assessor use)  Granted Denied Exemption Allowed \$  Signature of Assessor Date	Name(s) of Appl	licant(s)		
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Mailing Address:  ***********************  Disposition of Application (for Selectmen/Assessor use)  Granted Denied Exemption Allowed \$  Signature of Assessor Date	Signature(s) of A	Applicant(s)		
Disposition of Application (for Selectmen/Assessor use)  Granted Denied Exemption Allowed \$  Signature of Assessor Date	Mailing Address	: <u> </u>		
Signature of Assessor Date	******			
	Granted		Denied	Exemption Allowed \$
	Signature of Assesso	or		
(Signatures of Selectmen/Assessor)				